



Office of Housing and Redevelopment

39550 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006
510 494-4500 *ph* | 510 494-4515 *fax* | www.fremont.gov

**City of Fremont
Façade Improvement Assistance Program
Application**

Contact Information of Applicant – Please Print

APPLICANT NAME: _____
First Middle Last

TELEPHONE NUMBER: (____) _____

MAILING ADDRESS:

Number Street

City State Zip

EMAIL _____

Property Information – Please Print

1. The commercial/retail property is located in Fremont at the following address:

2. The Assessor Parcel Number of this property is: _____ - _____ - _____ - _____
(this information is listed on your property tax form)

3. The commercial *property* is owned by (list the names of all owners, write on back if needed):

4. The retail *business* is owned by (list the names of all business owners, write on back if needed):

5. I have attached copies of the following items for this property:
- a. Lease Agreement (necessary for tenants) ☐ yes
 - b. Design Drawings, if available ☐ yes ☐ no

Certification

- ◆ We certify that the owner is the property owner of record and that there are no current code enforcement actions pending against this property.
- ◆ I have read and understand the attached Qualifications and Conditions Summary of the project and accept these qualifications and conditions.
- ◆ I certify that I am qualified and will abide by such conditions set forth in this application and all reasonable conditions, which may be issued by the Office of Housing and Redevelopment in the implementation of this project.

Property Owner(s)

 Date

Business Owner(s)

 Date